POSITION	INITIALS	ID NO.		DATE
FEE DETERMINATION	Smr	-scedic		3,/15/99
O.I.P.E. CLASSIFIER			3/	3/8/94
FORMALITY REVIEW	6/3	66793		03/24/99

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✓ Rejected	N Non-electe	d
= Allowed	IInterference	e
<ul> <li>(Through numeral) Canceled</li> </ul>	A Appeal	
	O Objected	

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Claim	Date	Ctaim Date	Claim Date
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5	<del></del>	55	105
(6)		56	106
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9   -	<del></del>	59	109
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12 / -	<del>-                                     </del>	62	112
13/1	<del></del>	63	113
14	<del>-                                    </del>	64	114
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37		87	137
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41 42	<del>▎▗</del> ▗ <del>▕</del> ▗┤ <del>▕</del>	92	142
43	<del>╶╏╶╏┈╏┈╏</del>	93	143
	<del>▎</del> <del>▗</del> <del></del>		144
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47	┝╅╃┼┼┩╃┼┦	97	
48	┸	98	148
49	<del>╶┩╶</del> ┼ <del>╌┤╶┤╶</del> ┤	99	149
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If more than 150 claims or 10 actions ST AVAILABLE COPY